

215047666
70153

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 56	Agency Case No. B5-107314	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) TIME OF ACCIDENT 1406		STATE USE ONLY 11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1406	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. O, 40th-42nd		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 34	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	160.00		X		40th	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
08	MILES		N S E W	AND MILES		N S E W
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES		DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
1	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	H12389100		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	MARVIN J MARTISON		PHONE	402-326-5845	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/07/1947	
1	OWNER	MARVIN J MARTISON		PHONE	402-326-5845	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
4	2315 Ammon Ave, Lincoln, NE 68507					
H	LICENSE PLATE	TE	NO.	SSP333	YEAR (Plate Expires)	2015
2	VEHICLE	2004	MAKE	Chevrolet	MODEL	Silverado
V1/O	VEHICLE ID NO. (VIN)	1GCEK19T14Z103920		BODY STYLE	Pickup truck	COLOR red
V2/O	TOWED TO	TOWED BY		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 500	INSURANCE COMPANY	
1					State Farm	
1					POLICY NO. 061 7217-C29-27D	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	H12648879		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	ANDREA N HERNANDEZ		PHONE	402-875-3209	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	09/09/1983	
1	OWNER	ANDREA HERNANDEZ		PHONE	402-875-3209	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB488706	
02	1121 West C #111, Lincoln, NE 68522					
V1/Q	LICENSE PLATE	PA	NO.	TSP163	YEAR (Plate Expires)	2016
V2/Q	VEHICLE	2001	MAKE	Dodge	MODEL	Neon
4	VEHICLE ID NO. (VIN)	1B3ES46C31D187089		BODY STYLE	4 door Sedan	COLOR dark blue
K	TOWED TO	TOWED BY		ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 900	INSURANCE COMPANY	
01					National Farmers Union Prop/Casu	
01					POLICY NO. 1PA0493157	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

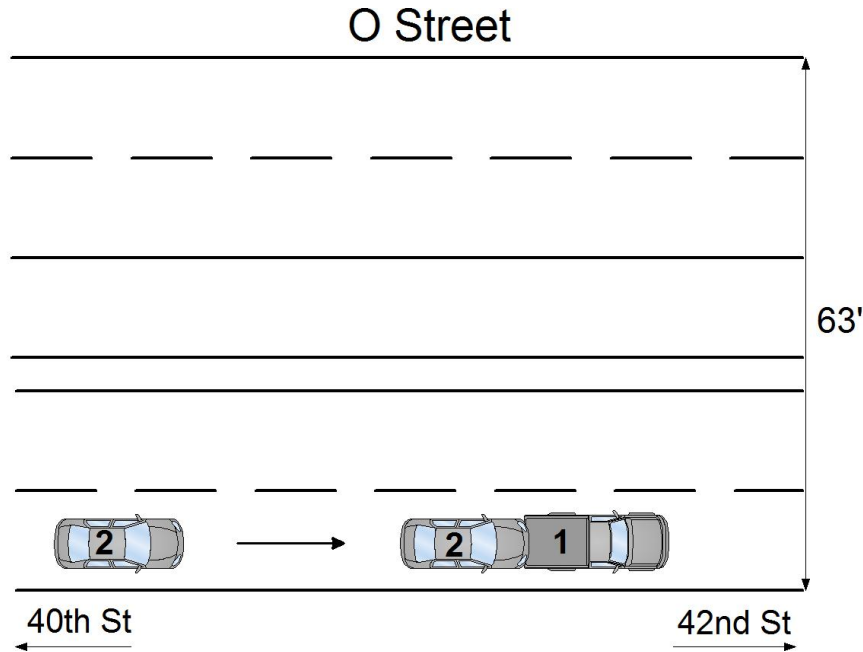
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107314



Indicate
North
by Arrow

POI:
(Estimate-Vehicles
Moved)
160' E E curb 40th
St
6' N S curb O St



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V#1 was EB on O St from 40th in the outside traffic lane. V#2 was following V#1. V#2 collided into the rear of V#1. D#1 said that he had to stop for a vehicle ahead of him and was just starting forward again when he was struck from behind by V#2. D#2 said that she was travelling approx. 35 mph when she saw V#1 stopping suddenly approx. 1 1/2 vehicle lengths in front of her. She braked hard, but could not get stopped on the wet pavement and slid into V#1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1			X		O										
2			X		O										
1	01				06 Turning left										
2	11				08 Entering traffic lane										
					01 Essentially straight ahead		09 Leaving traffic lane								
					02 Backing		10 Parked								
					03 Changing lanes		11 Slowing or stopped in traffic								
					04 Overtaking/ Passing		12 Other								
					05 Turning right		13 Unknown								
					06 Turning left		07 Making U-turn								
					08 Entering traffic lane		09 Leaving traffic lane								
					10 Parked		11 Slowing or stopped in traffic								
					12 Other		13 Unknown								
					14 Unknown		15 Unknown								

OFFICER NO. 643	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Mark Fluitt		INVESTIGATOR SIGNATURE Approved by Mark Fluitt	
DATE OF REPORT 11/17/2015			